

State of Montana
Division of Banking and Financial Institutions
P.O. Box 200546
Helena, MT 59620-0546
Phone (406)841-2920 Fax (406)841-2930

LOAN ORIGINATOR
REINSTATEMENT APPLICATION

I, _____, am licensed in the State of Montana as a loan originator. My loan originator license number is _____. My employer was _____, license # _____, a mortgage broker licensed in the State of Montana. I wish to reinstate my license with the same mortgage broker.

Mortgage Broker License #

Mortgage Broker Designated Manager Signature

Mortgage Broker Company Name (Print)

Street Address

City State Zip

Phone

Loan Originator Signature

Loan Originator Name (Print)

Street Address

City State Zip

Please include a reinstatement application fee of \$10 payable to the State of Montana. Your application will not be processed without the fee.

